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ABSTRACT

This paper examines psychological and social issues for single mothers in the context of therapeutic strategies for effective intervention. Never married, previously married, and Lesbian mothers are considered in terms of sociocultural myths and sources of stigma; research findings related to these myths; and interventions targeting the single-mother family, the community, and governmental policies that influence legislation affecting these families. Sources of societal stigma are discussed which are related to morality, sex-role violation, and victimization. Dispelling myths related to these areas requires careful consideration of the major sources of stress impinging on these families: economic stress, social isolation, and role-strain. It is suggested that mental health interventions treat these families in the context of the massive effects of poverty, societal oppression, and victimization. Therapeutic strategies that include only the psychological processes of the single mother will fail to address the larger context of her social situation and will further contribute to her victimization and despair. Interventions must be preventive, remediative, educative, and aimed at involving community resources. Therapists are encouraged to become knowledgeable about single mothers and the economic and legal issues facing them, and to take an active role as mediators and advocates. Research requirements discussed include increased attention to models of prevention and intervention into the factors that facilitate the strength and well-being of single-mother families. Forty references are included. (Author/ABL)

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Single Mothers: Issues of Stigma

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Running Head: Single mothers

Abstract

Psychological and social issues for single mothers are examined in the context of therapeutic strategies for effective intervention. Three groups of single mothers are considered: never married, previously married, and Lesbian mothers. These three populations are considered in terms of sociocultural myths and sources of stigma, research findings related to these myths, and interventions targeting the single-mother family, the community in which the family resides, and governmental policies that influence legislation affecting these families. Sources of societal stigma include issues related to morality, sex-role violation, and victimization. Dispelling myths related to these areas requires careful consideration of the major sources of stress impinging on these families: economic stress, social isolation, and role-strain. It is suggested that mental health interventions must treat these families in the context of the massive effects of poverty, societal oppression, and victimization. Therapeutic strategies that include only the psychological processes of the single mother will fail to address the larger context of her social situation and will further contribute to her victimization and despair. Interventions must be preventive, remediative, educative, and aimed at involving community resources. Therapists need to become knowledgeable about these single mother populations, the economic and legal issues facing them, and should take an active role as mediators and advocates. Research requirements point to increased attention to models of prevention and intervention into the factors that facilitate the strength and well-being of single-mother families.

Single Mothers: Issues of Stigma

Single motherhood is not a women's issue alone. It is also a children's issue, since the well-being of children in single-mother homes is tied in with the dimension of stress and well-being in the life of the custodial parent. In many ways, single motherhood is also a men's issue. Some of these single mothers have male co-parents or partners whose life adjustment is intertwined with the mother and children. Many of the counselors and therapists of single mothers will be men, who need to be mindful of how labeling, stigma, and stereotyping affect the single-mother family. Single motherhood is also a feminist issue, since these women as a group are faced with massive economic, social, and legal discrimination. Finally, single motherhood is an important social issue involving policy determination at all levels, from organization and intervention to the level of national mobilization and legislative action. What I shall suggest here is that it is essential for counselors and therapists to be aware of the issues and research findings at all levels involving single mothers. I will also propose that we need to become involved at multiple levels of intervention with the issues of single parenthood because the population of single mothers is expanding rather than contracting. The problems facing this population will not disappear and the issues will not be resolved without active intervention from diverse sources.

My goals here today are threefold:

1. To examine the myths and sources of stigma that surround the major population groups of single mothers,
2. To examine some of these myths in the light of research findings in single mother families. What social and psychological facts set them apart from others?

3. Finally, to suggest a variety of intervention strategies that target not only the single parent family who comes for therapeutic help, but the economic and legal structures that support the current state of affairs.

Single-Mother Populations

Let's first take a closer look at the populations under discussion. In referring to single mothers, we are talking about three categories of women; previously married mothers, never-married mothers, and Lesbian mothers who may belong also to either of the other two groups. At the present time, 20 percent of all families with minor children are female-headed, and the number of one-parent families is increasing at a rate close to ten times that of two parent families (Ross & Sawhill, 1975; Thompson, 1984; U.S. Bureau of the Census, 1980). It is estimated that between 30 and 40 percent of all American children will reside during some point in their development in a single parent home (Glick, 1979), 98 percent of which are mother-headed. Among Black families, the rate of single parenting is double that of white families, with less than fifty percent of Black children residing in a two-parent home during any single year (Emery, Hetherington, & DiLalla, 1985). Given the high incidence of single-parent homes, it seems curious indeed that these families are frequently regarded as deviant or unhealthy (Blechman, 1982) and that considerable stigma is still attached to the status of the single mother (Brandwein, Brown, & Fox, 1974; Shur, 1984).

In discussing stigma, I want to make it clear that there are broad dimensions of negative evaluation and low status assignment for all single mothers. The offense these women share in common is their violation of both marital and sexual gender norms, which labels them as deviant (Shur, 1984). Each category of single parenting elicits its own set of particular myths and stereotypes. For divorced women, the non-custodial mother receives a larger

share of negative evaluation than the custodial mother (Ambert, 1982; Garret-Fulks & Worell, 1984). In an analog study using a range of attributions, Garret-Fulks and Worell found that non-custodial mothers were rated as less warm and caring, and as demonstrating fewer parenting skills in comparison either to custodial or noncustodial mothers or fathers. Nevertheless, it is the custodial mother who frequently takes the blame for the adjustment problems of her children. (Kalter, 1975; Santrock & Tracey, 1978), and who is victimized by the hardships of poverty (Weitzman, 1985). Among never-married mothers, age is an important determinant of the impact of stigmatization, with adolescents receiving the largest share of social isolation and community punishment (Burden & Klerman, 1984; Rogeness et al, 1981; Thompson, 1984). Finally, Lesbian mothers as a group are the most stigmatized of all single mothers, and experience the "double-deviant" attributions both to their single status and their personal life-style (Hall, 1978; Lenwin, 1981; Pagelow, 1980; Steinhorn, 1983). Both the therapist and the researcher should become informed about the particular myths surrounding each of these three groups of single mothers if the problems of the single-mother family are to be adequately addressed.

Sources of Stigma

The stigma attached to the status of single motherhood can be divided into three categories, related to considerations of morality, of sex-role violations, and of victimization. Although there is some overlap among these, let me briefly describe some of the myths related to each category.

Morality

In American culture there is a set of evaluative attitudes that divides women into good women and bad women. In the realm of motherhood, women may be regarded as bad mothers when they break the traditional views of the good woman in terms of their sexual behavior, commitment to the role of wife and

mother, or entry into the workforce. Thus, negative attributions follow the woman who has sexual contact before marriage (the never-married mother), sexual contact following divorce (the single mother with a partner), or sexual contact with a member of her own gender group (the Lesbian mother). The commitment to marriage to a good man is violated by all three groups of women and labels them as deviants. The working mother, although representing well over 40% of the contemporary workforce, is still viewed negatively by males in particular. Over half of the males in a large cross-age sample reported by Hare-Mustin and Broderick (1979) indicated that a working mother cannot raise her children as adequately as a nonworking mother.

Sexrole Violation

A second source of myths and stigma associated with single mothering relates to sexrole violations, or social expectations about appropriate roles for women and the child-rearing outcomes of role violations. For all single mothers, there is widespread suspicion that these mothers cannot raise a son with adequate masculine identification, and there is evidence that this concept has been internalized by women themselves (Stern, 1980). Non-custodial mothers are viewed as less feminine than their custodial counterparts and are believed to have poor parenting skills (Garret-Fulks & Worell, 1984). Lesbian mothers, having violated multiple sex-role constraints, are the most suspect of all, and are thought to produce sexual deviance in their children, as well as damaging their children's peer and community relationships, (Lenwin, 1981). In all these research-based examples, the failure of the woman to follow societal expectations for appropriate sexrole behavior is believed to transmit a disease or state of developmental deviance to her offspring.

Victimization

Finally, the process of victimization places the blame on the single mother for her situation in life. All aspects of her current life situation are considered fair game for the cognitive attributions involved in victimization. In Hare-Mustin and Broderick's (1979) study of attitudes toward motherhood, substantial portions of the respondents believed that unmarried women were to blame for getting themselves pregnant, that mothers who wanted children should be expected to pay for them through extra work and sacrifice, but they should also carry a burden of guilt if they gave them up for adoption (as in the case of the noncustodial mother). In a similar vein, Weitzman (1985) reports that the woman takes the blame for her poverty, for her use of ADC or food stamps, for her lack of education, as well as for her attempts to return to the workforce and thus to neglect her children. The Lesbian mother, who is estimated to number about 5 million in the U.S., is at particular risk for multiple sources of victimization, and receives censure both for opting to keep her children as well as for giving them up in custody disputes (Lenwin, 1981).

No other category of single parent is at higher risk than the Lesbian mother in protecting her interests in custody disputes, and she is always at risk for losing custody to former husband, grandparents, or even stranger foster parents if she allows her lifestyle to become known (Hall, 1978). The result of this victimization process is to produce more stress on a population already stressed by multiple pressures, and to increase the utilization of mental health services. The consequent over-utilization of mental health facilities by single mothers further stigmatizes them as inadequate parents (Guttentag, Salasin, & Belle, 1980).

Dispelling Myths

How do we go about dispelling these myths and stereotypes of the single mother? Researchers have inadvertently contributed to the deviance image of single-parent families by the selection of variables they choose to investigate, by focussing on anxiety, depression, and inadequate sexrole identity of the male children rather than on areas of competence, strength, and creative growth in the family (Emery, Hetherington, & DiLalla, 1985). On the other hand, the summated findings from various research efforts do suggest that single mothers experience in common three major sources of continuing life stress: Economic, social, and workload.

Economic Stress

On the economic level, the statistics are grim--the median income of one-parent families is only one-third that of two-parent families, and almost half of all families below the poverty level are headed by a female (Weitzman, 1985). Economic stress has been linked with self-reports of anxiety, depression and feelings of incompetency in daily life (Brandwein, Brown, & Fox, 1974; Kazak & Linney, 1983; Keith & Schafer, 1982; McLanahan, 1983; Radloff & Rae, 1979). In turn, economic stress is predictive of negative and coercive child-rearing practices (Coletta, 1979; Hetherington, Cox & Cox, 1982) and increased rates of children's anxiety and depression as rated by their teachers (Hodges, Wechsler, & Ballantine, 1979). In attempting to reduce the strains of economic insufficiency, many single mothers find themselves faced with few job-related skills, low educational levels, institutionalized discrimination in the marketplace, and lack of adequate and affordable childcare facilities. Thus, there are both internal and external barriers for these single mothers to escape the cycle of poverty.

Social Isolation

A second source of stress for single mothers relates to social isolation and a lack of a supportive social network. According to Schumaker and Brownell (1984), an effective social support network provides material assistance and services, a source of inclusion into community social activities, and intimate, trusting relationships that nurture and provide approval, respect, and reassurance of worth. In all comparison studies between single and married mothers, single mothers are deficit in one or more of these areas of social support. They are more socially isolated, receive less emotional and parental support, and spend most of their time in the company of either coworkers or their children (Keith & Schafer, 1982; Leslie & Grady, 1985; McLanahan, Wedemeyer & Adelberg, 1981; Weinraub & Wolf, 1983). In comparison to single fathers, moreover, single mothers experience less appreciation from their children and less positive feedback about their parenting role (Ambert, 1982). Social support is thought to be important as a mediator of perceived stress, affecting both the appraisal of life events and the coping skills that are mobilized for problem-solution (Brownell & Shumaker, 1984).

Role Strain

Finally, it is obvious that two parents can accomplish more than one in the areas of work, child management, and household care. Role overload is a common stressor in the lives of single mothers (Harrison & Minor, 1982; McLanahan, 1983; Weinraub & Wolf, 1983). However, it is my view that role overload is, in part, an artifact of insufficient economic resources, lack of employment equity, and deficits in community responsibility for facilitation of childcare. The solution to role overload will not be simply to help the single mother with task completion, but to increase her economic status and employment marketability. In several recent studies, economic

self-sufficiency, and perceived self-competency as a provider were the best predictors of single mothers' self-esteem and personal well-being (Baruch & Barnett, 1980; Kazak & Linney, 1983).

What Kinds of Intervention Strategies Are Appropriate?

Given the size of the single mother population, the heterogeneity of special needs within subgroups of single mothers, and the scope of problems that require attention, a detailed analysis of appropriate intervention strategies requires another symposium. I will reserve my suggestions to those that target three levels of intervention--mental health specialists, community mobilization, and state and national legislation. For the counselor and therapist, all three levels are appropriate domains for individual or group-supported action.

More specifically, at the mental health level, it is incumbent first for the professional working with these women to comprehend and counteract the massive affects of poverty, societal oppression, and victimization. In working with single-mother families, it is critical that the helping professional assists the women to recognize that her anxiety, depression, and child-rearing difficulties are not necessarily the outcome of a personality disorder, a social deficit, or her inadequate problem-solving and parenting skills. Therapeutic strategies that target only the woman's internal conflicts or her particular areas of concern will fail to address the larger social context of her situation and will further contribute to her victimization and sense of despair. Thus educative, preventative, and remedial procedures may be effective in mediating stress and providing the single-mother family with more effective coping skills. In addition to help with parenting skills, these mothers may require a variety of counseling aids for academic, vocational, financial, and job-searching skills. They may need

assistance in negotiating with community agencies such as schools and the legal system. Research by Wahler (1980) and others also suggests that the insular mother with few social network resources, is at particular risk. These mothers need increased encouragement in developing social support systems, including self-help groups, community activities, and effective contacts with kin and former spouses. Therapists involved in child custody arrangements should be informed of the relative advantages of joint, sole, or split custody, and of the advantages of mediation over litigation for the solution of custody disputes (Luepnitz, 1982). Psychologists need to become involved in the process by which mothers volunteer to assume custody of their children, and to play an active role in helping them to make wise decisions regarding custody and visitation arrangements. In particular, divorcing mothers may need support and counseling in their decision not to assume sole child custody (Worell, 1981). For many women, giving themselves permission to be a non-custodial parent may be a therapeutic solution to role overload and emotional distress. Similarly, psychologists need to take a more active role in the post-divorce process to increase the frequency of economic and emotional support by the father and to counsel parents who live apart on how to divide more equally the multiple tasks involved in effective parenting. A final caveat here is to remind ourselves as practitioners that APA ethical principles include a mandate to donate some of our time to underprivileged clients. I would suggest that mother-headed families constitute an ideal target population for this effort, and fee reduction policies to mother-headed families is a positive step in this direction.

At the community and national levels, I believe psychologists need to take effective proactive stances against court procedures in child support and alimony that are unsupportive of single mothers, against legislation that

favors the two-parent family over the one-parent model and thus fails to protect the single mother family from gradual impoverishment, against sex discrimination in the marketplace that channels women into lower paying jobs and keeps their pay at 59% percent that of men, and lack of quality daycare facilities in low-income communities. Finally, in the area of research, we need to be looking at broad models of prevention and intervention into the factors that facilitate the strength and well-being of single-mother families. In doing so, we are validating these families as legitimate and desirable social units and we are helping to counteract the personal and interpersonal sources of stigma that provide barriers to optimal development and healthy functioning.

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